24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restoration PAC	
	C C00571588
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Capitol Media Partners	06 30 2016
Mailing Address 2468 S. Camino Real	Amount
City State Zip Code	5100.00
Palm Springs CA 92264	Transaction ID : SE.5470 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (placement costs) Category/ Type 004	06 / 27 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Catherine Cortez Masto Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Capitol Media Partners	Date of Public Distribution/Dissemination
Mailing Address 2468 S. Camino Real	06 30 2016
Mailing Address 2468 S. Camino Real	Amount
City State Zip Code	900.00
Palm Springs CA 92264	Transaction ID : SE.5472 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising (production costs) Category/ Type 004	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Catherine Cortez Masto Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	6000.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	6000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Sherry Gaskill [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	